



FACULTY DIRECTED STUDY

Please submit to the Office of the University Registrar to complete registration.
**Note that all communication / notification will be made through CIU email.*

** For Graduate students a maximum of 12 semester hours completed through FDS may apply toward a degree (not applicable to Seminary students).
Undergraduates must be either a junior or a senior with a cumulative GPA of 3.0 or better; if not, an Academic Petition approving the FDS must be submitted with this form.*

Student Name: _____ ID #: _____
(Please Print) Last First Initial

Term: _____ Year: _____ Instructor: _____ Box #: _____

FDS Course: _____
Number (3950 / 6950 / 9950) Title

Semester Hours: _____ *(Note: No half credit is permitted; undergrad FDS may be 1-6 hours in value; graduate/seminary may be 1-3 hours in value.)*

Course FDS is substituting for: _____
Number Title

Please include requirements and clock hours for each requirement below. A minimum of 45 clock hours of course work is required for each semester hour of credit earned. The instructor must produce a complete course syllabus; the student must retain the syllabus for future records.

COURSE REQUIREMENT SUMMARY

CLOCK HOUR SUMMARY

TOTAL HOURS: _____

Reason for FDS: _____

STUDENT AGREEMENT: I authorize the CIU Registrar's Office to add this course to my registration for the semester indicated. I understand that the **addition of this course may affect the total tuition amount due** and will make payment arrangements by published deadlines. I understand that the assignments for this course must be completed by the end of the semester, and that this course is governed by the same regulations (including course drop and withdrawal policies) as regularly scheduled courses. Students receiving **V.A. benefits** must interact *weekly* with the instructor or they will be withdrawn from the course.

Student Signature: _____ Date: _____
(mm / dd / yyyy)

REQUIRED APPROVAL SIGNATURES (All signatures must be documented prior to submission to the Registrar's Office.)

Instructor: _____ Faculty Advisor: _____

Dean's Office: _____ Recorded by: _____ Date: _____
(mm / dd / yyyy)